



STUDENT REGISTRATION FORM

Submit a Registration Form (one for each class) via Email info@A-WayTraining.com

Mail: A - Way Training & Tactical, Inc. P.O. Box 221 Elmhurst, IL 60126

Student Name: _____

Phone #: _____ E-mail: _____

Name of Course(s)* _____

Schedule Date for Course

Day & Date: _____ Time: from _____ am/pm to: _____ am/pm

Location: _____

Address

Street

City, State, Zip

Your Group Point of Contact for registration _____

Phone #: _____ E-mail: _____ Fax: _____

Course Fee: _____

Circle one: women only or both

Please check one: private group class _____ individual _____

Please specify which course you will be attending. Include the correct date and time when selecting courses from our training schedule. If you are interested in scheduling a group private class or training session, please contact us by Email info@A-WayTraining.com